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FORT COLLINS			Jennifer Torres			(Depositor's name)				
		/Jenni:			er_Torres/		(Signature)			
			May 29	, 200	07	(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		TOR		АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
10/788,808	02/27/2004		John Wade					200208190-1	7851	
TITLE OF INVENTION	: WIDE ARRAY FLUID									
APPLN, TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		1400	\$300		\$0		\$1700	05/29/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
GOLDBERG, BRIAN J		2861		347-012000						
 Change of correspondence address or indication of "Fee Address" (3° CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Hewlett-Packard Development Company, L.P. Houston, Texas Please check the appropriate assignee category or categories (will not be printed on the patent):										
Please check the appropr	iate assignee category or	categories	(will not be pr	inted on the patent):		Individual	orporati	on or other private gro	oup entity Government	
4a. The following fec(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. ∑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form). 						
5. Change in Entity Sta	,	-	SED 1.27		. 1		I I DAY	FITY status. See 37 CI	ED 1.27(~)/2)	
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interest as shown by the	records of the United Sta	tes Patent a	and Trademark	Office.					<u> </u>	
Authorized Signature	/Donald J.	Coulm	an/					ay 2007		
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